

**Paper for submission to the Board of Directors on 4<sup>th</sup> February 2016 - PUBLIC**

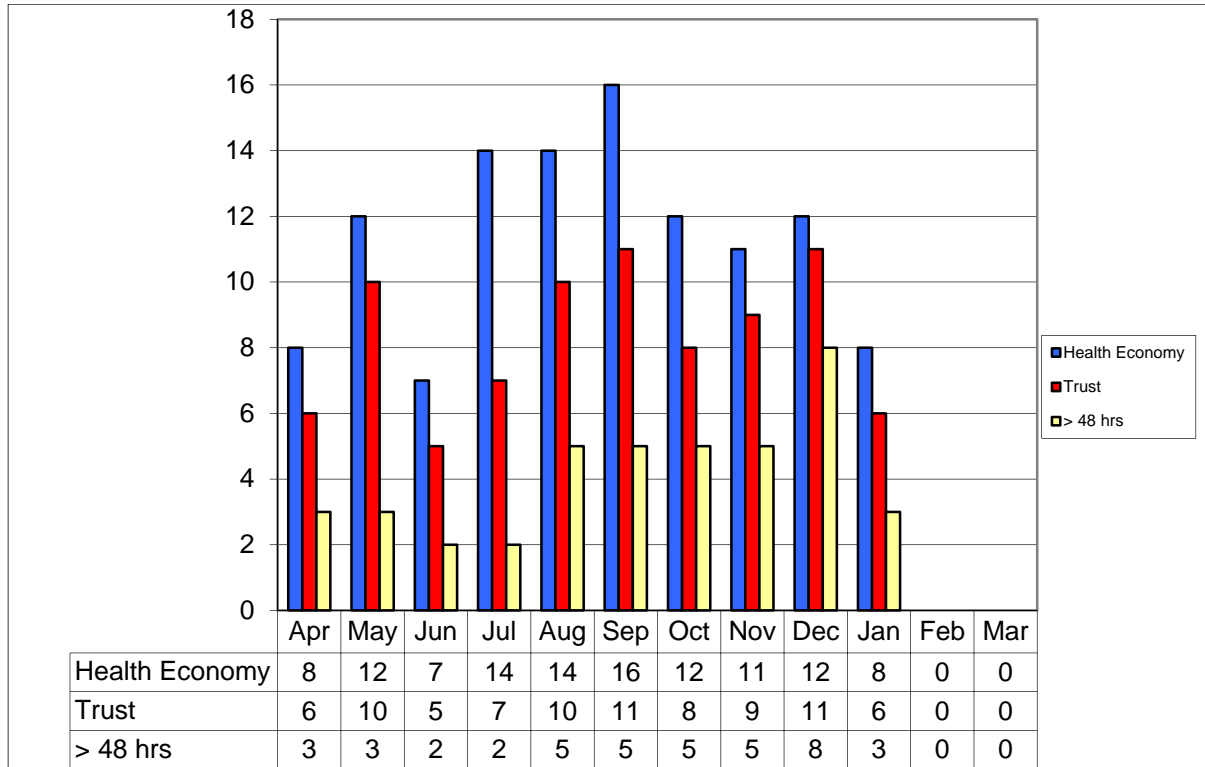
<b>TITLE:</b>	Chief Nurse Report		
<b>AUTHOR:</b>	Dawn Wardell – Chief Nurse Dr E Rees - Director of Infection Prevention and Control Derek Eaves - Quality Manager Nursing	<b>PRESENTER:</b>	Dawn Wardell Chief Nurse
<b>CORPORATE OBJECTIVE:</b> SO1 – Deliver a great patient experience SO2 – Safe and caring services SO3 – Drive service improvements, innovation and transformation SO4 – Be the place people chose to work SO6 – Plan for a viable future			
<b>SUMMARY OF KEY ISSUES:</b> <b>Infection Control</b> results for the month of January (as at 26/1/16) <ul style="list-style-type: none"> <li>No post 48 hour MRSA bacteraemia cases since 27<sup>th</sup> September 2015.</li> <li>No Norovirus.</li> <li>11 of 24 Apportioned cases are deemed avoidable/lapse in care.</li> </ul> <b>Safer Staffing</b> <ul style="list-style-type: none"> <li>A review of the recent NHS England/Monitor letter regarding the 1:8 ratio on general ward day shifts has taken place.</li> <li>Amber shifts (shortfall) have continued a downward trend now at 35.</li> <li>Maternity saw a rise in amber shifts in December to 14.</li> <li>No red (serious shortfall) shifts in month or any safety issues identified on the amber shifts that affected the quality of care.</li> <li>A benchmark review on fill rates provided by Unify has been carried out using local trusts, the trust is comparable.</li> </ul> <b>Nurse Care Indicators</b> – Remodelled audit and process now in place with gradual improvements.			
<b>IMPLICATIONS OF PAPER:</b>			
<b>RISK</b>	Yes	<b>Risk Description:</b> Failing to meet initial target for CDiff now amended to avoidable only	
	<b>Risk Register:</b> Yes	<b>Risk Score:</b> 10	
<b>COMPLIANCE and/or LEGAL REQUIREMENTS</b>	<b>CQC</b>	Yes	<b>Details:</b> Safe and effective care
	<b>Monitor</b>	Yes	<b>Details:</b> MRSA and C. difficile targets
	<b>Other</b>	Yes	<b>Details:</b> Compliance with Health and Safety at Work Act.
<b>ACTION REQUIRED OF BOARD</b>			
<b>Decision</b>	<b>Approval</b>	<b>Discussion</b>	<b>Other</b>
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<b>RECOMMENDATIONS FOR THE BOARD:</b>  To receive the report and note the contents.			

## Chief Nurse Report

### Infection Prevention and Control

**Clostridium Difficile** – The target for 2015/16 is 29 cases, equivalent to 12.39 CDI cases per 100,000 bed days. At the time of writing (26.1.16) we have 3 post 48 hour cases recorded in January 2016.

**C. DIFFICILE CASES 2015/16**



The process to undertake an assessment of individual *C. difficile* cases to ascertain if there has been a 'lapse in care' (resulting in a case being described as 'avoidable/unavoidable') as described in the revised national guidance<sup>1</sup>, continues. Of the 41 post 48 hour cases identified since 1st April 2015, 24 cases have so far been reviewed by the apportionment panel, all of which have had apportionment agreed and 11 of these were deemed as avoidable. The main themes identified are: delay in sending sample, delay in isolation, poor documentation and incomplete stool charts.

There is a Trustwide *C. difficile* action plan in place to address issues identified by the RCA process as well as local plans for each individual case. Progress against the plan is recorded at the Infection Prevention Forum.

**MRSA bacteraemia (Post 48 hours)** – There have been 0 post 48 hour MRSA bacteraemia cases since 27<sup>th</sup> September 2015.

**Norovirus** - no further cases.

Weekly meetings with Lead Nurses or their representative are held with the Chief Nurse "back to basics" sharing of good practice and learning from RCA of infection cases as well as reviewing audit scores.

Reference

1. *Clostridium difficile* infection objectives for NHS organisations in 2014/15 and guidance on sanction implementation, Public Health England.

## Safer Staffing

### **Monthly Nurse/Midwife Staffing Position - December 2015**

One of the requirements set out in the National Quality Board Report 'How to ensure the right people, with the right skills, are in the right place at the right time' and the Government's commitments set out in 'Hard Truths', is the need for the Board to receive monthly updates on staffing information.

As indicated last month, the Trust was reviewing its position with regards to the recent letter sent to all Trusts in October from NHS England and other bodies (e.g. Monitor), regarding the 1:8 ratio for day shifts being a guide rather than a recommendation and that local professional judgement and risk assessment should inform levels of staff. This review has now been undertaken and a risk assessment is to be added to the Trust risk register. The review has taken into consideration a number of factors. These include:

- The present national and local position of qualified staff shortages.
- The ongoing recruitment strategy, in particular, the expected rise in new recruits from abroad in November/December 2016.
- A review of a number of certain wards (e.g. B4 and C1) that have consistently been just above the 1:8 ratio but have remained safe and have had no quality concerns.
- The present use of temporary agency staff to achieve the blanket 1:8 ratio. These are staff who do not necessarily have the requisite skills, knowledge and attitude required.

In considering all of the above factors, it has been proposed that the best course of action to take on a temporary basis is for the present general wards that the 1:8 ratio target applied to day shifts should move to a 1:10 requirement, except when there is a high acuity/dependency of patients or when the actual staff on duty is two or more less than the planned staff. The ratios for specialist areas, such as critical care, paediatrics, maternity etc. which all have specific, more intensive requirements will continue as before.

It has also been proposed this situation should be constantly monitored by Matrons and by the introduction of an explicit, consistent RAG (Red, Amber and Green) rating system of the safety status on the ward, which the lead clinical nurses will undertake. This is being piloted at present with very positive results feedback from staff. Once the introduction of this system is in place across all wards this report will change to include the results of those assessments.

As stated, this is being recommended on a temporary basis and, although it will be constantly monitored, unless circumstances change it will be formally reviewed once the large influx of staff occurs later in the year.

In preparation for this change this paper therefore now endeavours to give the Board a view of the frequency when Registered Nurse to patient ratios do not meet the ratio on general wards of 1:10 on day shifts (there is no recommended ratio for night shifts, although the 1:12 ratio is used as a benchmark) and also the number of occurrences when registered staffing levels have fallen below the planned levels by two or more. It should be noted that these occurrences will not necessarily have a negative impact on patient care.

The attached charts (Appendix A & B) follow the same format as previously. For Appendix A, as the criteria have changed, exact comparisons with previous months cannot be made and so a new graph has commenced, but the old graph is retained for the time being which may prove useful when looking historically.

From June 2015, following each shift, the nurse/midwife in charge now completes a spreadsheet indicating the planned and actual numbers and, if the actual doesn't meet the planned, what actions have been taken, if any is needed, for the patients on that shift. Each month the completed spreadsheet is checked by the Matron then staff in the Nursing Division analyse the data and the attached charts are compiled. In addition, for consistency purposes the data from the spreadsheet is now used for the UNIFY return from which the fill rates are published on NHS Choices.

It can be seen from the accompanying chart the number of shifts identified as:

- Amber (shortfall of registered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Blue (shortfall of unregistered staff or when planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available),
- Red (serious shortfall).

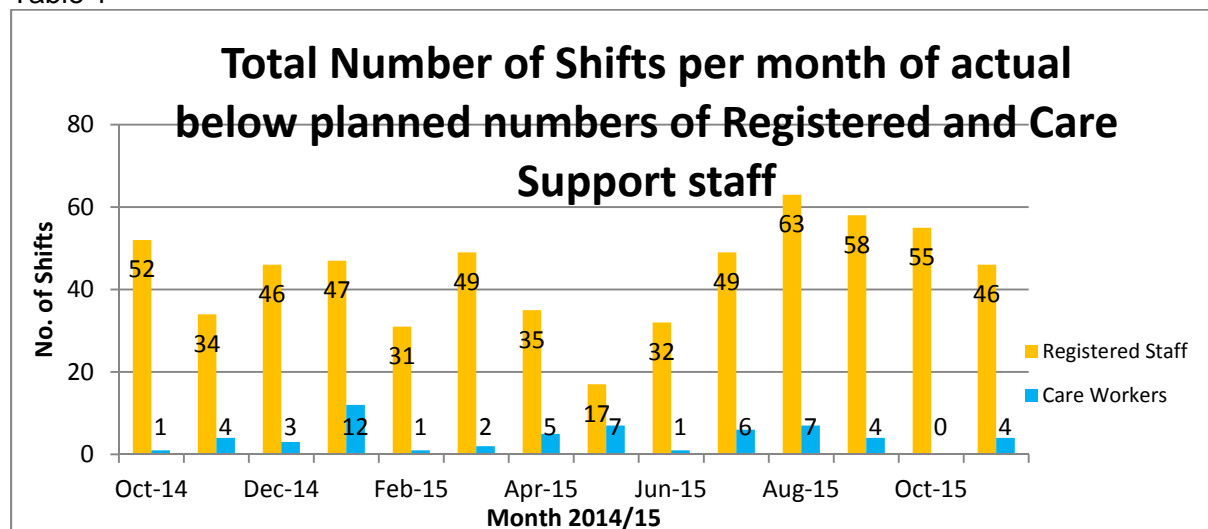
This total figure for this month is 46 and can be compared favourably with previous months (see Table 1).

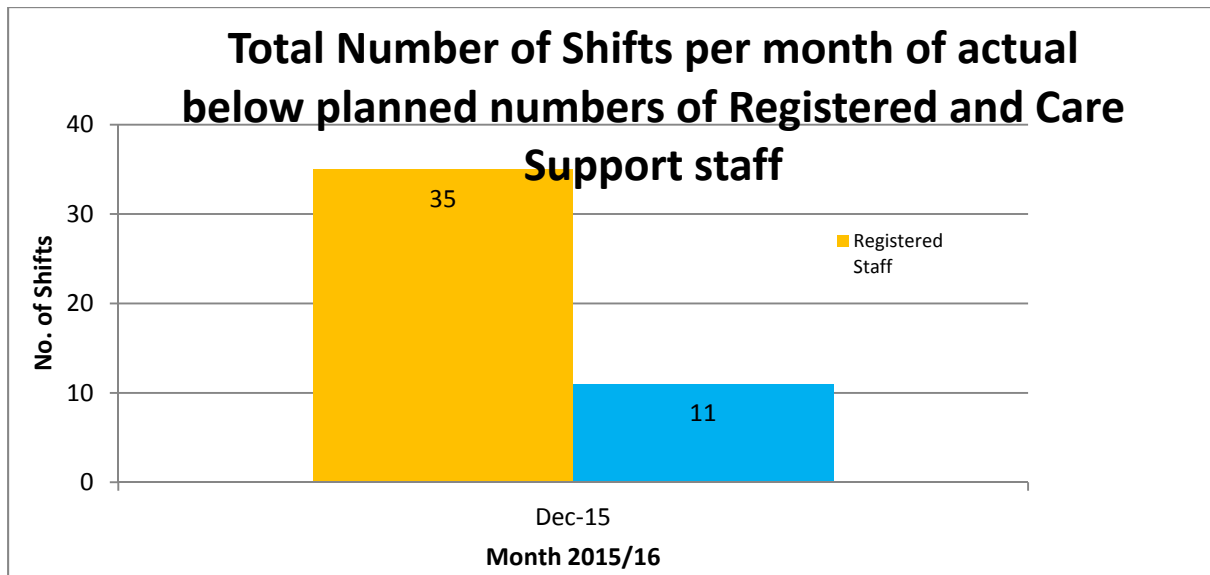
There is a downward trend. The shortfalls are fairly evenly distributed across many wards but the maternity unit remains an outlier with its, high volume cases and high workload. It accounts for just under half of the shortfall shifts. As well as the qualified midwifery position, this month the unit is showing shortages of care support workers. Two new staff have been taken on recently and a further active recruitment initiative is in progress.

Overall, there have been no serious shortfall (red) shifts this month. No safety issues occurred on any of the shifts with shortfalls.

An assessment of any impact on key quality indicators is undertaken each month. From as far as possible as it is to ascertain, these shortfalls have not affected the results of any of the nursing care indicator measures or other quality measures such as the number of infections. In addition, there is no evidence that they have affected patient feedback in terms of the answers to the real time surveys or in the number of concerns or complaints received.

Table 1





### Shift Fill Unify Data

This is collected by areas and provided via unify to the public website NHS Choices. Therefore it has been possible to do some local benchmarking to provide further assurance that the Trust is not an outlier with regard to fill rates.

	Qualified Days	Un Qual Days	Qualified Nights	Un Qual Nights
Trust Dec	95	94	95	98
Trust Nov	95	96	95	99
Trust A	91	112	88	134
Trust B	93	104	90	114
Trust C	93	95	92	95
Trust C 2	92	102	93	103

What is interesting from the comparison is that HCSW are being utilised to offset the Qualified Ratio/ fill rate in the local trusts. This could however be a way of reporting differently as DGFT change the requirement if specials (1-1) are provided and so do not show as excess.

### Nurse Care Indicators (NCI's)

The previous system was revised during September and has now been re-launched for quarter 3. Due to the new audit tool, scoring for RAG rating and process there were initially a number in red but there has been progress in a number of areas. Two new areas are included in the NCI's, they are Renal Unit and Day Surgery Unit (Theatres). Three red areas are Day Surgery Unit (Theatres), B4 and EAU.

Rating	October 15 – Areas (Launch)	December 15 - Areas	January 16 - Areas
<b>RED</b>	15	4	3
<b>AMBER</b>	5	11	14
<b>GREEN</b>	4	9	9

The escalation procedure for those areas not yet in green remains in place and has been reviewed to ensure it maximises the time and support given to areas to achieve the requirements.

Dawn Wardell - Chief Nurse  
27/01/16

**MITIGATING ACTIONS TAKEN IN RESPONSE TO STAFFING ASSESSMENTS DECEMBER 2015**

<b>WARD</b>	<b>No.</b>	<b>RN/RM CSW</b>	<b>REASONS FOR SHORTFALLS</b>	<b>MITIGATING ACTIONS</b>
A1	3 2	RN CSW	Vacancy x5	On the three RN night shifts there were only 12 patient son the ward and assistance was provided by the rest of the elderly care unit. On the two CSW shifts there was a full complement of qualified staff and again help was provided when necessary for the elderly care unit.
A2	1	RN	Vacancy	Staffing allowed one nurse per station as assistance was given by the nurse in charge of capacity
A3	7	RN	Vacancy x7	On four occasions, extra CSW staff were employed. On the other three occasions and the patient caseload and dependency of the patients was such that extra CSWs were not needed.
B1	1	RN	Nurse moved to another ward	With the dependency of the patients on this ward, one nurse assisted elsewhere. Assistance was provided by another ward when required. No safety issues were identified.
B3	4 1	RN CSW	Staff sickness x3 Nurse moved to another ward x2	For the RN shifts: On two occasions the dependency of the patients were such that nurses from this ward helped elsewhere. On two occasions an agency nurse did not attend but assistance provided from another ward on one occasion. For the CSW shift: Two CSWs phoned in sick. Safety was maintained on all shifts.
B4	1	RN	Maternity Leave	Bank/agency unable to the shift. Intense ward activity but safety maintained.
C1	1	RN	Vacancy and Sickness	The lead nurse assessed the situation and delegated staff appropriately to maintain patient safety.
C3	2	RN	Vacancy x2	Bank and agency were unable to fill. With the workload of the patients on the ward and with one nurse per station safety was maintained.
C8	1	RN	Vacancy and sickness x1	Bank was unable to fill one shift and the other bank CSW cancelled due to personal issues. Ward closed to any further patients. There were no safety issues on the shift.
Maternity	14 8	RM CSW	Vacancy Maternity leave	Escalation policy enacted on all occasions. Bank unable to fill. On two occasions Deputy Matron or specialist midwife worked clinically. On one occasion study leave cancelled. No patient safety issues occurred. On each shift there were delayed inductions of labour. Active recruitment is occurring to the CSW posts

Dec-15

SHIFT

WARD	STAFF	SHIFT																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
WARD A1	Reg	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D	N
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WARD A2	Reg																																
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WARD A3	Reg																																
	Unreg																																
WARD B1	Reg																																
	Unreg																																
WARD B2 HIP	Reg																																
	Unreg																																
WARD B2 TRAUMA	Reg																																
	Unreg																																
WARD B3	Reg																																
	Unreg																																
WARD B4	Reg																																
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WARD B5	Reg																																
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WARD C1	Reg																																
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WARD C7	Reg																																
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WARD C8	Reg																																
	Unreg																																
CCU/PCCU	Reg																																
	Unreg																																
EAU	Reg																																
	Unreg																																
MHDU	Reg																																
	Unreg																																
CRITICAL CARE*	Reg																																
	Unreg																																
NEONATAL**	Reg																																
	Unreg																																
MATERNITY****	Reg																																
	Unreg																																

Key ■ Serious Shortfall ■ Registered nurse/midwife shortfall ■ Care Support Worker shortfall

\* Critical Care has 6 ITU beds and 8 HDU beds

\*\* Neonatal Unit has 3 ITU cots, 2 HDU cots and 18 Special care cots. Ratios reflect BAPM guidance and include a single figure for registered and non registered staff

\*\*\* Children's ward accommodates children needing direct supervision care, HDU care 2 beds, under 2 years of age care and general paediatric care. There are no designated beds for these categories, other than HDU and the beds are utilised for whatever category of patient requires care

\*\*\*\* Midwifery registered staffing levels are assessed as the midwife: birth ratio and is compliant with the 'Birthrate +' staffing assessment

Any coloured shifts without numbers indicate that the planned levels were reached but the dependency or number of patients was such that the extra staff needed were not available